

Nebraska UI Connect

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Registration

The screenshot displays the UIConnect website interface. On the left is a red sidebar with navigation links: NDOL HOME, WORKER SERVICES, EMPLOYER SERVICES, SIDES E-RESPONSE, EMPLOYER GUIDE, OVERVIEW, FTP FILE SPECS, TAX FORMS, REPORT CHANGES, ONLINE TUTORIAL, LINKS, CONTACT US, and FAQ. Below these are social media icons for Twitter, YouTube, and Facebook. The main content area features the CAT UIConnect logo and the heading 'Welcome to UIConnect'. It includes a welcome message, a login section with fields for Employer Account Number or Login ID Number and Password, and a 'LOGIN' button. A 'Forgot Password' link is also present. Below the login section is a 'NEW ACCOUNTS' section with an 'APPLY' button, which is highlighted by a large blue arrow. Further down is a 'BENEFIT PAYMENT AUDIT' section with a 'COMPLETE' button. The bottom section contains 'Important Links' with instructions on how to register for SIDES E-Response and report new hires.

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CAT UIConnect
NEBRASKA DEPARTMENT OF LABOR

Welcome to UIConnect

UICONNECT is your link to Nebraska Unemployment Insurance (UI) Programs. This website provides employers the tools and resources needed to conduct UI Tax and Benefit functions, including registration for SIDES E-Response.

Log In to UIConnect

Nebraska and Out of State Employers

Enter your 10 digit Employer Account Number and password.
OR
Enter your Login ID and password.

ACCOUNT LOGIN

**Employer Account Number
OR Login ID Number**

Password

LOGIN

[Forgot Password](#)

NEW ACCOUNTS

APPLY

BENEFIT PAYMENT AUDIT

COMPLETE

Apply for a Nebraska Employer Account Number

If you employ one or more persons in Nebraska and you do not have a ten (10) digit Nebraska Employer Account Number, click on Apply to complete an application for an Unemployment Insurance Account Number.

Complete a Benefit Payment Audit

If you received a Benefit Payment Audit (Form BPC 270.08) in the mail, click on COMPLETE to register for a Login ID, sign into your account and submit the audit.

Important Links

NEW!!! Register for SIDES E-Response through Account Login. If already registered, submit employee separation information via SIDES E-Response [here](#).

Report a new employee to the Nebraska State Directory of New Hires [here](#).

WWW.DOL.NEBRASKA.GOV/UICONNECT

Registration for new accounts

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NEBRASKA DEPARTMENT OF LABOR

Unemployment Insurance



In order to complete this application you will need to have all business information including but not limited to:

- Business Names
 - Trade Names
 - Doing Business As Names
- All Physical Location Addresses in Nebraska
- Owners, Partners and Officers
 - Names
 - Social Security Numbers
 - Addresses
- Nebraska gross payrolls from the first date wages were paid through the current date

CANCEL

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After clicking the “Apply” button, the preview of information needed for registration will appear.

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Official Nebraska Government Website

UIConnect CAT
NEBRASKA DEPARTMENT OF LABOR

Unemployment Insurance

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APPLICATION FOR UNEMPLOYMENT INSURANCE ACCOUNT NUMBER

STEP 1 STEP 2 STEP 3

Organization Name, Address, etc.

*Legal Name
(Individual, Partnership, Corporation, LLC Name)

Attention

Trade Name
(Doing Business As - List All Names)

*Mailing Address

*Phone Number

Business Website

*City

*State

*Zip Code

Plus 4

*The physical location of this business in Nebraska is: select one

☐ The same as the mailing address above

☐ No physical location in Nebraska - please explain

☐ Different from mailing address, click on ADD to provide ALL physical addresses

If Out of State employer, are services of workers performed in Nebraska?

☐ Yes ☐ No

*Are you an employee leasing company/PEO?

☐ Yes ☐ No

If yes, your client's Nebraska workers and wages must be reported under their established Nebraska Unemployment Insurance account or you must complete this application with your client's information to establish an account in Nebraska.

CANCEL NEXT STEP

Registration is a three-step process.

* **Required Fields** – Error messages will identify incomplete fields and stop the user from advancing to next step.

All users will complete Step 1 and Step 2.

- Individual/Sole proprietor
- Partnership
- Corporation
- Limited Liability Company
- Non-profit organization – Not 501(c)(3)

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APPLICATION FOR UNEMPLOYMENT INSURANCE ACCOUNT NUMBER

STEP 1 STEP 2 STEP 3

Organization Name, Address, etc.

*Legal Name
(Individual, Partnership, Corporation, LLC Name)

Bashful LLC

Attention

Bashful

Trade Name
(Doing Business As - List All Names)

Dwarf Castle

SAVE

*Mailing Address

123 Fairy Tale Lane

*Phone Number

402-555-1234

Business Website

bashful@fairy.com

*City

White Castle

*State

NEBRASKA

*Zip Code

68717

Plus 4

*The physical location of this business in Nebraska is: select one

☒ The same as the mailing address above

☐ No physical location in Nebraska - please explain

☐ Different from mailing address, click on ADD to provide ALL physical addresses

ADD

If Out of State employer, are services of workers performed in Nebraska?

☐ Yes ☐ No

*Are you an employee leasing company/PEO?

☐ Yes ☒ No

If yes, your client's Nebraska workers and wages must be reported under their established Nebraska Unemployment Insurance account or you must complete this application with your client's information to establish an account in Nebraska.

CANCEL NEXT STEP

The selection in the Organization Information section will determine step 3.

Ensure completion of: “Date you first paid wages in Nebraska”.

Notice that you can add more owners, partners, and officers as needed.

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APPLICATION FOR UNEMPLOYMENT INSURANCE ACCOUNT NUMBER

STEP 1STEP 2STEP 3

*Federal Identification Number

47-7777777 OR

*Date You First Paid Wages in Nebraska

01/01/2015

(mm/dd/yyyy)

☐ Check here if Applied For

*Are you liable for the payment of Federal Unemployment Taxes(FUTA)?

☒ Yes ☐ No

*Organization Information

☐ Individual/Sole Proprietor

☐ Partnership

☐ Corporation

☒ Limited Liability Company (LLC)

Taxed As:

☐ Single Member(LLC)

☐ Partnership(LLC)

☒ Corporation(LLC)

☐ Non-Profit Organization - 501(c)(3)

☐ Non-Profit Organization - not 501(c)(3)

☐ Governmental

☐ Domestic

☐ Agriculture

*Identification of Owners, Partners, and Officers

*Social Security	*First Name	Middle Initial	*Last Name	Title	*Address
000-00-0001	Officer		One		123 Fairy Tale Lane
000-00-0002	Officer		Two		123 Fairy Tale Lane

ADD MORE

This information is critical to determine your tax rate.

*Describe the primary business activity in Nebraska (Retail, Service, Agriculture, Construction, Manufacturing, etc)

Mining

*Describe the major products produced/sold or service performed in Nebraska (Groceries, Clothing, Food Service, Health Care, Grain, Livestock, Roofing, Landscaping, Auto Parts, Computer Software, etc)

Gold

*Did you acquire the business of a predecessor?

☐ Yes ☒ No

CANCEL

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Wage information is for Individual/Sole proprietor, Partnership, Corporation, LLC and Non-Profit Organizations – not 501(c)(3) organizations.

“First Paid Wages” obtained from Step 2 and “Wages Paid” boxes begin with that corresponding quarter.

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APPLICATION FOR UNEMPLOYMENT INSURANCE ACCOUNT NUMBER

STEP 1 | **STEP 2** | **STEP 3**

Wage Information

For the following question, include both full and part-time workers, corporate officers, students, and salespersons. If operating as a sole proprietorship, do not include wages paid to the owner, the owner's 1) spouse, 2) children under the age of 21, 3) mother, or 4) father. If operating as a partnership, do not include wages paid to the partners.

Enter your Nebraska gross payrolls for the quarters listed below. Show only wages paid for work performed solely or primarily in Nebraska.

First Paid Wages: 01/01/2015

2015

	Wages Paid
*Qtr 1	1000.00
*Qtr 2	1500.00
Projected Wages Qtr 3	1500.00
Projected Wages Qtr 4	

Have you had 1 or more full or part-time workers for 20 weeks or more in any calendar year? ☐ Yes ☒ No

If yes, what is the first day of 20th week? (mm/dd/yyyy)

Contact Information

*Name	Title	*Phone Number	*Email Address
Snow White	Princess	402 471 9935	princess@nebraska.g

CANCEL **PREVIOUS STEP** **SUBMIT**

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APPLICATION FOR UNEMPLOYMENT INSURANCE ACCOUNT NUMBER

Application Confirmation. - [Click here to Print](#) 

Congratulations **Snow white of Bashful LLC!** You have completed your application for a Nebraska Department of Labor - Unemployment Insurance Employer Account Number. You will receive an email immediately at **princess@nebraska.gov** to confirm your submission. If necessary, a representative from our office will contact you to review your application. *Thank you for using UICONNECT.*

Employer Account Registration

Organization Name, Address, etc.

Legal Name:

Trade Name:

Attention:

Mailing Address:

Phone Number:

City:

State:

Zip Code:

Zip +4:

Business Website:

Bashful LLC

Dwarf Castle

Bashful

123 Fairy Tale Lane

402-555-1234

White Castle

NE

68717

bashful@fairy.com

Physical Location(s)

Physical location is the same as the mailing address.

Identification of Owners, Partners, and Officers

Social Security Number	First Name	Middle Initial	Last Name	Title	Address
000-00-0001	Officer		One		123 Fairy Tale Lane
000-00-0002	Officer		Two		123 Fairy Tale Lane

Organization Information

Organization Type 1:

Organization Type 2:

Corporation(LLC)

Email Notifications from Registration:

An email confirmation of the application received by UI Connect will be sent to the employer's email address immediately.



Sent when employer Subject:



Tue 4/14/2015 2:23 PM

NDOL.UIConnect@nebraska.gov

FROM TEST SITE!! Response from UICONNECT

To  NDOL UIConnect Dev Team

Cc  NDOL UIConnect Test

Tue Apr 14 14:23:16 CDT 2015

Thank you Snow White of BASHFUL LLC (DWARF CASTLE) for using UICONNECT!

We have processed your application. You will receive a letter through the US Mail indicating your Unemployment Insurance Account Number and your combined tax rate. Please contact this office at 402.471.9982 if you have questions.

Message for : [princess@nebraska.g](mailto:princess@nebraska.gov)

Thank You.

Nebraska Department of Labor
State of Nebraska

<http://www.dol.nebraska.gov/UIConnect>

This is a system-generated message from the UIConnect Application.

Sent when employer is Not Subject:



Wed 5/6/2015 9:20 AM

NDOL.UIConnect@nebraska.gov

FROM TEST SITE!! Response from UICONNECT

To NDOL UIConnect Dev Team

Cc NDOL UIConnect Test

Wed May 06 09:20:09 CDT 2015

Thank you Snow White of BASHFUL LLC (DWARF CASTLE) for using UICONNECT!

After reviewing your application, it has been determined that you do not meet the requirements to pay unemployment insurance. If you feel this is incorrect or have additional questions, please contact this office at 402.471.9982

Message for : [princess@nebraska.g](mailto:princess@nebraska.gov)

Thank You.

Nebraska Department of Labor
State of Nebraska

<http://www.dol.nebraska.gov/UIConnect>

This is a system-generated message from the UIConnect Application.

Sent when employer is Duplicate:



Wed 5/6/2015 9:23 AM

NDOL.UIConnect@nebraska.gov

FROM TEST SITE!! Response from UICONNECT

To NDOL UIConnect Dev Team

Cc NDOL UIConnect Test

Wed May 06 09:22:59 CDT 2015

Thank you Snow White of BASHFUL LLC (DWARF CASTLE) for using UICONNECT!

It is not necessary to register to access your Nebraska Unemployment Insurance account information or to file quarterly reports. Currently there is an active Nebraska Unemployment Insurance account associated with this FEIN. To access your account, enter your employer account number and PIN to login. Contact your UIConnect Help Line at 402.471.9898 if this is not accurate or to obtain your PIN.

Message for : [princess@nebraska.g](mailto:princess@nebraska.gov)

Thank You.

Nebraska Department of Labor

State of Nebraska

<http://www.dol.nebraska.gov/UIConnect>

This is a system-generated message from the UIConnect Application.

Sent when employer is Doubt Ck:



Wed 5/6/2015 9:27 AM

NDOL.UIConnect@nebraska.gov

FROM TEST SITE!! Response from UICONNECT

To NDOL UIConnect Dev Team

Cc NDOL UIConnect Test

Wed May 06 09:26:52 CDT 2015

Thank you Snow White of BASHFUL LLC (DWARF CASTLE) for using UICONNECT!

After reviewing your application, it has been determined that you have not met the requirements to pay unemployment insurance at this time **or** your application was incomplete. If you feel that this is incorrect or have any questions, please contact this office at 402.471.9982

Message for : [princess@nebraska.g](mailto:princess@nebraska.gov)

Thank You.

Nebraska Department of Labor

State of Nebraska

<http://www.dol.nebraska.gov/UIConnect>

This is a system-generated message from the UIConnect Application.

Domestic

All users will complete step 1 and step 2


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Organization Name, Address, etc.

*Legal Name
(Individual, Partnership, Corporation, LLC Name)

Ariel Mermaid

Attention

Ariel

Trade Name
(Doing Business As - List All Names)

SAVE

*Mailing Address

7814 Ocean Rd

*Phone Number

402-471-9935

Business Website

*City

Atlantica

*State

NEBRASKA

*Zip Code

88851

Plus 4

7777

*The physical location of this business in Nebraska is: select one

☒ The same as the mailing address above

☐ No physical location in Nebraska - please explain

☐ Different from mailing address, click on ADD to provide ALL physical addresses

ADD

If Out of State employer, are services of workers performed in Nebraska?

☐ Yes

☐ No

*Are you an employee leasing company/PEO?

☐ Yes

☒ No

If yes, your client's Nebraska workers and wages must be reported under their established Nebraska Unemployment Insurance account or you must complete this application with your client's information to establish an account in Nebraska.

CANCEL

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If an employer doesn't have a Federal Identification Number, they must check "Applied For"

Under Organization Information, an employer can choose up to two Organization types for correct liability status. Error messages appear when choices are made that are invalid.

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*Federal Identification Number

OR

☒ Check here if Applied For

*Date You First Paid Wages in Nebraska

 (mm/dd/yyyy)

*Are you liable for the payment of Federal Unemployment Taxes(FUTA)?

☐ Yes ☒ No

*Organization Information

☒ Individual/Sole Proprietor

☐ Partnership

☐ Corporation

☐ Limited Liability Company (LLC)

Taxed As: ☐ Single Member(LLC)

☐ Partnership(LLC)

☐ Corporation(LLC)

☐ Non-Profit Organization - 501(c)(3)

☐ Non-Profit Organization - not 501(c)(3)

☐ Governmental

☒ Domestic

☐ Agriculture

*Identification of Owners, Partners, and Officers

*Social Security	*First Name	Middle Initial	*Last Name	Title	*Address
<input type="text" value="000-00-0000"/>	<input type="text" value="Officer"/>	<input type="text"/>	<input type="text" value="One"/>	<input type="text"/>	<input type="text" value="7814 Ocean Rd, Atlantic"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

ADD MORE

This information is critical to determine your tax rate.

*Describe the primary business activity in Nebraska (Retail, Service, Agriculture, Construction, Manufacturing, etc)

*Describe the major products produced/sold or service performed in Nebraska (Groceries, Clothing, Food Service, Health Care, Grain, Livestock, Roofing, Landscaping, Auto Parts, Computer Software, etc)

*Did you acquire the business of a predecessor?

☐ Yes ☒ No

CANCEL

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Notice that the questions that are asked are only specific to liability requirements of Domestic (Household) Employers.


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Domestic (Household) Employer

For the following question, include both full and part-time workers. If operating as a sole proprietorship, do not include wages paid to the owner, the owner's 1) spouse, 2) children under the age of 21, 3) mother, or 4) father. If operating as a partnership, do not include wages paid to the partners.

Enter your Nebraska gross payrolls for the quarters listed below. Show only wages paid for work performed solely or primarily in Nebraska.

First Paid Wages: 05/15/2015

2015

Wages Paid

*Qtr 2600.00

Projected Wages Qtr 31500.00

Projected Wages Qtr 41500.00

*For employers of domestic (household) help, have you paid \$1,000 or more in cash wages during any calendar quarter?☒ Yes ☐ No

Contact Information

*NameAriel Mermaid

TitleParent

*Phone Number402-471-9935

*Email Addressmermaidzrule@nebrask

CANCEL

PREVIOUS STEP

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Employer confirmations are for the employers to print and keep for their records.



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APPLICATION FOR UNEMPLOYMENT INSURANCE ACCOUNT NUMBER

Application Confirmation. - [Click here to Print](#)

Congratulations Ariel Mermaid of Ariel Mermaid! You have completed your application for a Nebraska Department of Labor - Unemployment Insurance Employer Account Number. You will receive an email immediately at mermaidzrule@nebraska.gov to confirm your submission. If necessary, a representative from our office will contact you to review your application. *Thank you for using UICONNECT.*

Employer Account Registration

Organization Name, Address, etc.

Legal Name: Ariel Mermaid
Trade Name:
Attention: Ariel
Mailing Address: 7814 Ocean Rd
Phone Number: 402-471-9935
City: Atlantica
State: NE
Zip Code: 88851
Zip +4: 7777
Business Website:

Physical Location(s)

Physical location is the same as the mailing address.

Identification of Owners, Partners, and Officers

Social Security Number	First Name	Middle Initial	Last Name	Title	Address
000-00-0000	Officer		One		7814 Ocean Rd, Atlantica, NE

Organization Information

Organization Type 1: Individual
Organization Type 2: Domestic
Federal ID Number: Applied For
Date First Paid Wages: 05/15/2015

Miscellaneous Company Information

Liable for FUTA?: N
PEO/Leasing Company?: N

Non-Profit Organization – 501(c)(3)

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NEBRASKA DEPARTMENT OF LABOR

Unemployment Insurance

APPLICATION FOR UNEMPLOYMENT INSURANCE ACCOUNT NUMBER

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Organization Name, Address, etc.

*Legal Name
(Individual, Partnership, Corporation, LLC Name)
Soup for Goldilocks Foundation

Attention
Goldilocks

Trade Name
(Doing Business As - List All Names)

SAVE

*Mailing Address
101 Cottage Trail

*Phone Number
402-471-9935

Business Website

*City
Forest

*State
WASHINGTON

*Zip Code
99212

Plus 4

*The physical location of this business in **Nebraska** is: select one

☐ The same as the mailing address above

☒ No physical location in Nebraska - please explain

☐ Different from mailing address, click on ADD to provide ALL physical addresses

Works from home.

ADD

If Out of State employer, are services of workers performed in Nebraska?
☒ Yes ☐ No

*Are you an employee leasing company/PEO?
☐ Yes ☒ No

If yes, your client's Nebraska workers and wages must be reported under their established Nebraska Unemployment Insurance account or you must complete this application with your client's information to establish an account in Nebraska.

CANCEL **NEXT STEP**

Out of state employers may not have a physical location in Nebraska. If none, we ask that they explain. This is mainly for Labor Market Information purposes.

Also note that we ask Out of State employers if services of workers are performed in Nebraska. If the answer is "No", no account will be set up.

The selection in the Organization Information section will determine step 3.

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STEP 1STEP 2STEP 3

*Federal Identification Number

77-8888974

OR

*Date You First Paid Wages in Nebraska

01/01/2014

(mm/dd/yyyy)

☐ Check here if Applied For

*Are you liable for the payment of Federal Unemployment Taxes(FUTA)? ☒ Yes ☐ No

*Organization Information

☐ Individual/Sole Proprietor

☒ Non-Profit Organization - 501(c)(3)

☐ Partnership

☐ Non-Profit Organization - not 501(c)(3)

☐ Corporation

☐ Governmental

☐ Limited Liability Company (LLC)

☐ Domestic

Taxed As: ☐ Single Member(LLC)

☐ Agriculture

☐ Partnership(LLC)

☐ Corporation(LLC)

*Identification of Owners, Partners, and Officers

*Social Security	*First Name	Middle Initial	*Last Name	Title	*Address
000-00-0001	Officer		One		101 Cottage Trail, Fores
000-00-0002	Officer		Two		101 Cottage Trail, Fores

ADD MORE

This information is critical to determine your tax rate.

*Describe the primary business activity in Nebraska (Retail, Service, Agriculture, Construction, Manufacturing, etc)

Service

*Describe the major products produced/sold or service performed in Nebraska (Groceries, Clothing, Food Service, Health Care, Grain, Livestock, Roofing, Landscaping, Auto Parts, Computer Software, etc)

Provide soup for the homeless.

*Did you acquire the business of a predecessor?

☐ Yes ☒ No

CANCEL

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Unemployment Insurance

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STEP 3

Non-Profit Organization

For the following question, include both full and part-time workers, corporate officers, students, and salespersons.

Enter your Nebraska gross payrolls for the quarters listed below. Show only wages paid for work performed solely or primarily in Nebraska.

First Paid Wages: 01/01/2014

2014	Wages Paid	2015	Wages Paid
*Qtr 1	<input type="text" value="2500.00"/>	*Qtr 1	<input type="text" value="2500.00"/>
*Qtr 2	<input type="text" value="2500.00"/>	*Qtr 2	<input type="text" value="2500.00"/>
*Qtr 3	<input type="text" value="2500.00"/>	Projected Wages Qtr 3	<input type="text" value="2500.00"/>
*Qtr 4	<input type="text" value="2500.00"/>	Projected Wages Qtr 4	<input type="text" value="2500.00"/>

You must provide a copy of your 501(c)(3) exemption letter from the IRS. If unable to attach a copy of your exemption letter, please fax to 402-471-9994.

Attach Document:

*Is your organization primarily operating for religious purposes?

☐ Yes ☒ No

*Did your organization employ four (4) or more persons in twenty (20) weeks during any calendar year including full and part time workers in **Nebraska**?

☐ Yes ☒ No

If yes, what is the first day of the 20th week?

(mm/dd/yyyy)

If you are required to pay unemployment, select the payment option you prefer:

☐ **Contributory Employer.** As a contributory employer, quarterly expenses are limited to the taxable wages multiplied by the employer's tax rate. There may be unemployment insurance expense each year even if no benefits are paid.

☒ **Reimbursable Employer.** As a reimbursable employer, you are still required to file quarterly tax and wage reports. Expenses are incurred only when a former employee is paid benefits. The expenses may be 26 times the employee's weekly benefit amount.

Contact Information

*Name

Title

*Phone Number

*Email Address

Allows users to attach exemption letter from IRS with registration or gives information to fax the letter.

They are given the option of choosing to be a contributory or a reimbursable employer.

Notice that the questions that are asked are specific to liability requirements of Non-Profit Organizations – 501(c)(3) only.

Confirmation shows explanation of no physical location in Nebraska.

Confirmation of registration to be printed by employer for their records.

Official Nebraska Government Website



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APPLICATION FOR UNEMPLOYMENT INSURANCE ACCOUNT NUMBER

Application Confirmation. - [Click here to Print](#)

Congratulations Goldilocks Smith of Soup for Goldilocks Foundation! You have completed your application for a Nebraska Department of Labor - Unemployment Insurance Employer Account Number. You will receive an email immediately at GoldilocksLikesSoup@nebraska.gov to confirm your submission. If necessary, a representative from our office will contact you to review your application. *Thank you for using UICONNECT.*

Employer Account Registration

Organization Name, Address, etc.

Legal Name: Soup for Goldilocks Foundation

Trade Name:

Attention: Goldilocks

Mailing Address: 101 Cottage Trail

Phone Number: 402-471-9935

City: Forest

State: WA

Zip Code: 99212

Zip +4:

Business Website:

Physical Location(s)

Works from home.

Identification of Owners, Partners, and Officers

Social Security Number	First Name	Middle Initial	Last Name	Title	Address
000-00-0001	Officer		One		101 Cottage Trail, Forest, WA
000-00-0002	Officer		Two		101 Cottage Trail, Forest, WA

Organization Information

Organization Type 1: 501c3

Organization Type 2:

Federal ID Number: 778888974

Date First Paid Wages: 01/01/2014

Miscellaneous Company Information

Liable for FUTA?: Y

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Governmental

Notice “Different from mailing address” choice under Physical Location of this business in Nebraska.

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Organization Name, Address, etc.

*Legal Name
(Individual, Partnership, Corporation, LLC Name)
Neverland Township

Attention
Peter

Trade Name
(Doing Business As - List All Names)

SAVE

*Mailing Address
123 Far Away Street

*Phone Number
402-471-9898

Business Website

*City
Neverland

*State
NEBRASKA

*Zip Code
68777

Plus 4

*The physical location of this business in **Nebraska** is: select one

☐ The same as the mailing address above

☐ No physical location in Nebraska - please explain

☒ Different from mailing address, click on ADD to provide ALL physical addresses

ADD

Physical Location

*Address
45111 Country Road

*Phone Number
402-471-9898

*City
Neverland

*State
NEVADA

*Zip Code
68717

Plus 4

SAVE

If Out of State employer, are services of workers performed in Nebraska?

☐ Yes ☐ No

*Are you an employee leasing company/PEO?

☐ Yes ☒ No

If yes, your client's Nebraska workers and wages must be reported under their established Nebraska Unemployment Insurance account or you must complete this application with your client's information to establish an account in Nebraska.

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APPLICATION FOR UNEMPLOYMENT INSURANCE ACCOUNT NUMBER

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*Federal Identification Number


21-5556667

OR

☐ Check here if Applied For

*Date You First Paid Wages in Nebraska

01/02/2012

 (mm/dd/yyyy)

*Are you liable for the payment of Federal Unemployment Taxes(FUTA)?

☒ Yes☐ No

*Organization Information

☐ Individual/Sole Proprietor☐ Partnership☐ Corporation☐ Limited Liability Company (LLC)

☐ Non-Profit Organization - 501(c)(3)☐ Non-Profit Organization - not 501(c)(3)☒ Governmental☐ Domestic☐ Agriculture

Taxed As:

☐ Single Member(LLC)☐ Partnership(LLC)☐ Corporation(LLC)

*Identification of Owners, Partners, and Officers

*Social Security	*First Name	Middle Initial	*Last Name	Title	*Address
000-00-0000	Officer		One	CEO	Away St, Neverland, NE

ADD MORE

This information is critical to determine your tax rate.

*Describe the primary business activity in Nebraska (Retail, Service, Agriculture, Construction, Manufacturing, etc)

Service.

*Describe the major products produced/sold or service performed in Nebraska (Groceries, Clothing, Food Service, Health Care, Grain, Livestock, Roofing, Landscaping, Auto Parts, Computer Software, etc)

Maintain country roads.

*Did you acquire the business of a predecessor?

☐ Yes☒ No

Notice that text boxes are available to complete for business activity and services performed. This detail assists in determining tax rates and industry type.

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Governmental

For the following question, include both full and part-time workers.

Enter your Nebraska gross payrolls for the quarters listed below. Show only wages paid for work performed solely or primarily in Nebraska.

First Paid Wages: 01/02/2012

2012	Wages Paid	2013	Wages Paid	2014	Wages Paid	2015	Wages Paid
*Qtr 1	1500	*Qtr 1	2000	*Qtr 1	8000	*Qtr 1	10000
*Qtr 2	1500	*Qtr 2	2000	*Qtr 2	8000	*Qtr 2	10000
*Qtr 3	1500	*Qtr 3	2000	*Qtr 3	8000	Projected Wages Qtr 3	10000
*Qtr 4	1500	*Qtr 4	2000	*Qtr 4	8000	Projected Wages Qtr 4	10000

If you are required to pay unemployment, select the payment option you prefer:

- ☒ **Contributory Employer.** As a contributory employer, quarterly expenses are limited to the taxable wages multiplied by the employer's tax rate. There may be unemployment insurance expense each year even if no benefits are paid.
- ☐ **Reimbursable Employer.** As a reimbursable employer, you are still required to file quarterly tax and wage reports. Expenses are incurred only when a former employee is paid benefits. The expenses may be 26 times the employee's weekly benefit amount.

Contact Information

*Name	Title	*Phone Number	*Email Address
Peter Pan	CEO	402-471-9898	PanRoads@nebraska x

CANCEL

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Notice that questions asked are specific to liability requirements of Governmental Entities only. Since "First Paid Wages" date is 01/02/2012, four years of wage boxes are required to be completed.



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APPLICATION FOR UNEMPLOYMENT INSURANCE ACCOUNT NUMBER

Application Confirmation. - [Click here to Print](#)

Congratulations Peter Pan of Neverland Township! You have completed your application for a Nebraska Department of Labor - Unemployment Insurance Employer Account Number. You will receive an email immediately at PanRoads@nebraska.gov to confirm your submission. If necessary, a representative from our office will contact you to review your application. *Thank you for using UICONNECT.*

Employer Account Registration

Organization Name, Address, etc.

Legal Name: Neverland Township
Trade Name:
Attention: Peter
Mailing Address: 123 Far Away Street
Phone Number: 402-471-9898
City: Neverland
State: NE
Zip Code: 68777
Zip +4:
Business Website:

Physical Location(s)

Address	Phone Number	City	State	Zip Code
45111 Country Road	402-471-9898	Neverland	NV	68717-

Identification of Owners, Partners, and Officers

Social Security Number	First Name	Middle Initial	Last Name	Title	Address
000-00-0000	Officer		One	CEO	123 Far Away St, Neverland, NE

Organization Information

Organization Type 1: Governmental
Organization Type 2:
Federal ID Number: 215556667

Confirmation to be printed by employer for their files.

Agriculture

Official Nebraska Government Website

UIConnect CAT
NEBRASKA DEPARTMENT OF LABOR

Unemployment Insurance

APPLICATION FOR UNEMPLOYMENT INSURANCE ACCOUNT NUMBER

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Organization Name, Address, etc.

*Legal Name
(Individual, Partnership, Corporation, LLC Name)
Snow White & 7 Dwarfs Farm

Attention
Sleepy Dwarf

Trade Name
(Doing Business As - List All Names)
7 Dwarfs Farm

SAVE

1. Snow White Farm

*Mailing Address
899 County Road

*Phone Number
402-333-4444

Business Website

*City
Good Castle

*State
NEBRASKA

*Zip Code
68503

Plus 4

*The physical location of this business in **Nebraska** is: select one

☒ The same as the mailing address above

☐ No physical location in Nebraska - please explain

☐ Different from mailing address, click on ADD to provide ALL physical addresses

ADD

If Out of State employer, are services of workers performed in Nebraska? ☐ Yes ☒ No

*Are you an employee leasing company/PEO? ☐ Yes ☒ No

If yes, your client's Nebraska workers and wages must be reported under their established Nebraska Unemployment Insurance account or you must complete this application with your client's information to establish an account in Nebraska.

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Trade Names (Doing Business As) by pushing the "Save" button.

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*Federal Identification Number

47-7777777

OR

*Date You First Paid Wages in Nebraska

01/05/2006



(mm/dd/yyyy)

☐ Check here if Applied For

*Are you liable for the payment of Federal Unemployment Taxes(FUTA)? ☒ Yes ☐ No

*Organization Information

☐ Individual/Sole Proprietor

☐ Non-Profit Organization - 501(c)(3)

☒ Partnership

☐ Non-Profit Organization - not 501(c)(3)

☐ Corporation

☐ Governmental

☐ Limited Liability Company (LLC)

☐ Domestic

Taxed As: ☐ Single Member(LLC)

☒ Agriculture

☐ Partnership(LLC)

☐ Corporation(LLC)

*Identification of Owners, Partners, and Officers

*Social Security	*First Name	Middle Initial	*Last Name	Title	*Address
000-00-0001	Officer		One	Farmer	Good Castle, NE 68503
000-00-0002	Officer		Two	Partner	Good Castle, NE 68503

ADD MORE

This information is critical to determine your tax rate.

*Describe the primary business activity in Nebraska (Retail, Service, Agriculture, Construction, Manufacturing, etc)

Agriculture

*Describe the major products produced/sold or service performed in Nebraska (Groceries, Clothing, Food Service, Health Care, Grain, Livestock, Roofing, Landscaping, Auto Parts, Computer Software, etc)

Cattle and corn.

*Did you acquire the business of a predecessor?

☐ Yes ☒ No

CANCEL

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Social Security Number is a required field for Owners, Partners, and Officers.



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Agriculture

For the following question, include both full and part-time workers, corporate officers, students, and salespersons. If operating as a sole proprietorship, do not include wages paid to the owner, the owner's 1) spouse, 2) children under the age of 21, 3) mother, or 4) father. If operating as a partnership, do not include wages paid to the partners.

Enter your Nebraska gross payrolls for the quarters listed below. Show only wages paid for work performed solely or primarily in Nebraska.

First Paid Wages: 01/05/2006

2011 Wages Paid		2012 Wages Paid		2013 Wages Paid		2014 Wages Paid		2015 Wages Paid	
*Qtr 1	0	*Qtr 1	0	*Qtr 1	0	*Qtr 1	0	*Qtr 1	0
*Qtr 2	0	*Qtr 2	0	*Qtr 2	0	*Qtr 2	0	*Qtr 2	0
*Qtr 3	0	*Qtr 3	0	*Qtr 3	0	*Qtr 3	0	Projected Wages Qtr 3	0
*Qtr 4	10000	*Qtr 4	15000	*Qtr 4	20000	*Qtr 4	25000	Projected Wages Qtr 4	25000

*For agriculture operations have you paid \$20,000 or more in cash wages (including officers) during any calendar quarter? ☒ Yes ☐ No

*Have you had 10 or more workers (including officers) for 20 weeks or more in any calendar year? ☐ Yes ☒ No

If yes, what is the first day of the 20th week?

(mm/dd/yyyy)

Contact Information

*Name	Title	*Phone Number	*Email Address
Sleepy Dwarf	Farmer	402-333-4444	sleepy@farms.com

CANCEL

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Note that First Paid Wages date is 01/05/2006 and the wage boxes start at 1st quarter of 2011. From date of registration, our system requires wages back four years plus current year.

Notice only questions pertaining to Agriculture liability requirements are presented.

Confirmation to be printed
by employers for their files.

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contact you to review your application. *Thank you for using UICONNECT.*

Employer Account Registration

Organization Name, Address, etc.

Legal Name: Snow White & 7 Dwarfs Farm
Trade Name: Snow White Farm
7 Dwarfs Farm
Attention: Sleepy Dwarf
Mailing Address: 899 County Road
Phone Number: 402-333-4444
City: Good Castle
State: NE
Zip Code: 68503
Zip +4:
Business Website:

Physical Location(s)

Physical location is the same as the mailing address.

Identification of Owners, Partners, and Officers

Social Security Number	First Name	Middle Initial	Last Name	Title	Address
000-00-0001	Officer		One	Farmer	Good Castle, NE 68503
000-00-0002	Officer		Two	Partner	Good Castle, NE 68503

Organization Information

Organization Type 1: Partnership
Organization Type 2: Agriculture
Federal ID Number: 477777777
Date First Paid Wages: 01/05/2006

Miscellaneous Company Information

Liable for FUTA?: Y
PEO/Leasing Company?: N
If Out of State employer, are services of workers performed in Nebraska?: N
Nature of Business: Agriculture
Principal Activity: Cattle and corn.
Acquire Predecessor?: N

Agriculture

Have you paid \$20,000 or more in cash wages during any calendar quarter? Y
Have you had 10 or more workers for 20 weeks or more in any calendar year? N
If yes. what is the first day of the 20th week?

Transfers

All users will complete Step 1.

Official Nebraska Government Website

UIConnect
NEBRASKA DEPARTMENT OF LABOR

Unemployment Insurance

APPLICATION FOR UNEMPLOYMENT INSURANCE ACCOUNT NUMBER

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Organization Name, Address, etc.

*Legal Name
(Individual, Partnership, Corporation, LLC Name)

Attention

Trade Name
(Doing Business As - List All Names)

SAVE

*Mailing Address

*Phone Number

Business Website

*City

*State

*Zip Code

Plus 4

*The physical location of this business in **Nebraska** is: select one

☒ The same as the mailing address above

☐ No physical location in Nebraska - please explain

☐ Different from mailing address, click on ADD to provide ALL physical addresses **ADD**

If Out of State employer, are services of workers performed in Nebraska? ☐ Yes ☐ No

*Are you an employee leasing company/PEO? ☐ Yes ☒ No

If yes, your client's Nebraska workers and wages must be reported under their established Nebraska Unemployment Insurance account or you must complete this application with your client's information to establish an account in Nebraska.

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OR (mm/dd/yyyy)

☐ Check here if Applied For

*Are you liable for the payment of Federal Unemployment Taxes(FUTA)? ☒ Yes ☐ No

***Organization Information**

☐ Individual/Sole Proprietor

☐ Non-Profit Organization - 501(c)(3)

☐ Partnership

☐ Non-Profit Organization - not 501(c)(3)

☒ Corporation

☐ Governmental

☐ Limited Liability Company (LLC)

☐ Domestic

Taxed As: ☐ Single Member(LLC)

☐ Agriculture

☐ Partnership(LLC)

☐ Corporation(LLC)

***Identification of Owners, Partners, and Officers**

*Social Security	*First Name	Middle Initial	*Last Name	Title	*Address
000-00-0001	Officer		One	CEO	159 Gold Ave, Gold Cas

ADD MORE

This information is critical to determine your tax rate.

*Describe the primary business activity in Nebraska (Retail, Service, Agriculture, Construction, Manufacturing, etc)

Mining

*Describe the major products produced/sold or service performed in Nebraska (Groceries, Clothing, Food Service, Health Care, Grain, Livestock, Roofing, Landscaping, Auto Parts, Computer Software, etc)

Gold

*Did you acquire the business of a predecessor?

☒ Yes ☐ No

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Notice selection of "Yes" for acquiring the business of a predecessor.

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Business Acquisition Information

*Name, FEIN, Address, Phone of predecessor

Bashful LLC
47-7777777
123 Fairy Tale Lane
White Castle, NE 68717
402-555-1234

*Date Acquired:

05/01/2015 (mm/dd/yyyy)

Predecessor's Unemployment Insurance Number:

*Did you acquire ALL or PART of the business of the predecessor?
(Acquisition of one of several locations is considered PART of the business)

☐ All ☒ Part

If only part of the predecessor's business was acquired, please provide explanation of portion acquired.

Bought location in Gold Castle, NE only. They have 2 other locations.

*Please select how the business was acquired

☒ Purchase ☐ Franchise ☐ Other
☐ Lease ☐ Merger

*Are you serving the customers and/or offering the same service or product as the predecessor?

☒ Yes ☐ No

*Please select one for a transfer of experience account:

☒ Application is hereby made for a transfer of experience account
☐ I/We do not desire a transfer of the experience account from the former ownership
☐ Undecided at this time (You have 120 days from date of acquisition to make a decision)

*Will the predecessor remain in business in Nebraska?

☒ Yes ☐ No

If yes, what is the present location of predecessor?
Please include address and phone number if available

Same as above.

If no, date of last payroll

If yes, how many workers are staying with the predecessor?

1

Contact Information

*Name

Happy Dwarf

Title

CEO

*Phone Number

488-888-1234

*Email Address

happy@mining.com

CANCEL

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Notice that the questions asked are specific to needed information for all transfers.

When choosing the selection on "Did you acquire ALL or PART of the business..." we require an explanation of this. We also ask for the number of workers staying with the predecessor. This information is key to setting up partial transfers.

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Mailing Address: 159 Gold Ave
Phone Number: 888-488-1898
City: Gold Castle
State: NE
Zip Code: 68591

Zip +4:

Business Website:

Physical Location(s)

Physical location is the same as the mailing address.

Identification of Owners, Partners, and Officers

Social Security Number	First Name	Middle Initial	Last Name	Title	Address
000-00-0001	Officer		One	CEO	159 Gold Ave, Gold Castle, NE

Organization Information

Organization Type 1: Corporation
Organization Type 2:
Federal ID Number: 470659270
Date First Paid Wages: 05/01/2015

Miscellaneous Company Information

Liable for FUTA?: Y
PEO/Leasing Company?: N
If Out of State employer, are services of workers performed in Nebraska?:
Nature of Business: Mining
Principal Activity: Gold
Acquire Predecessor?: Y

Acquisition Information

Name, Address, Phone of Predecessor: Bashful LLC 47-7777777 123 Fairy Tale Lane White Castle, NE 68717 402-555-1234
Date Acquired: 05/01/2015
Predecessors UI Account Number:
Purchase All or Part: Part
Explanation:
Acquisition Type: Purchase
Description:
Same Customers, Service, Product?: Y
Transfer of Experience Choice: Apply
Will Predecessor Remain in Business: Y
If Yes, Location: Same as above.
Number of Employees: 1
If No, Date of Last Payroll:

Contact Information

Confirmation of Transfer Registration.

Notice all acquisition information.